

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 30 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35988

1. Corporation Name

Interamics Corporation

2. Principal Office Address

503 Manatee Ave

Suite, Apt. #, etc.

suite c

City & State

~~Holmes Beach FL~~

Zip

34217

Country

Manatee

3. Mailing Office Address

PO Box 4100

Suite, Apt. #, etc.

City & State

~~Anna Maria FL~~

Zip

34216

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/86

5. FEI Number

592824426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Randall Stover

Street Address (P.O. Box Number is Not Acceptable)

815 N Shore Dr

Suite, Apt. #, Etc.

City

Anna Maria

State

FL

Zip Code

34216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 8, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Randall Stover	815 N Shore Dr, PO Box 4100	Anna Maria FL 34216

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8 MAY

Daytime Phone #

941 778 7785

90612